

PRIVACY ACT STATEMENT

The authority for requesting the following information is contained in USC 8012 and EO 9387. The data will be used to document counseling actions not prescribed in other directives. When completed this form may or may not become a source document to support performance evaluation input or meritorious mark, and the data may be referable to higher headquarters officials administrative separation, UCMJ actions or award recommendations.

Completion of the form by a counselor is mandatory; however disclosure of information or facts by the counselee is Failure to disclose information or facts however, may not be in the counselee's best interest in the event that administrative, disciplinary, separation or award action is subsequently deemed warranted by the counselee's commander.

INSTRUCTIONS FOR USE OF THIS FORM

1. Use this form to document any performance review or counseling session between a senior and subordinate whether positive or negative in nature.
2. Some sections of this form may not apply due to the nature of the meeting.
3. Have the counselee date and sign the counseling sheet.
4. If the counselee refuses to sign write in 'Member refuses to sign' and have a witness sign the signature block.

KEY COUNSELING AND ADVISING POINTS

- * Counseling and advising are performed to fulfill a need. Determine interview objective prior to meeting, review available records.
- * Give the individual the facts, whether they are pleasant or unpleasant.
- * Be a good listener....be fair.
- * Refer individual to other agencies for professional help. You don't have answers to all the problems.
- * Follow-up on referrals to agencies to ensure that referrals are completed.
- * Keep the individual's problem confidential.
- * Help the person grow in self-understanding.
- * **DO NOT** lose your self-control. The results could be disastrous.
- * **DO NOT** make promises you can't keep.
- * **DO NOT** make snap decisions.

NAME (Last, First Middle Initial)

GRADE

ORGANIZATION

NAME/GRADE OF COUNSELOR

AREA OF DISCUSSION

☐

PERFORMANCE

☐

PERSONAL

☐

CAREER

☐

OTHER (SPECIFY)

PURPOSE OF DISCUSSION

☐

ROUTINE/PERIODIC

☐

RECOGNITION

☐

DIRECTION

☐

DISCIPLINARY

EFFECTIVE/INEFFECTIVE BEHAVIORS and list of factors which led to the discussion (give specific details, behaviors, facts, dates, names, sequence of events, etc.)

ACTION STEPS that you and the individual developed to correct/improve performance and how to overcome the area of concern

HELPING RESOURCES Individual will contact (Chain of Command, Family Service Center, Legal, Hospital, Chaplain, CAAC, SAC, Career Counselor, etc.)

COUNSELEE'S COMMENTS

COUNSELEE'S SIGNATURE

COUNSELORS SIGNATURE

FOLLOW-UP ACTION/REMARKS (List specific actions/steps completed and/or additional steps needed)